

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE				
							APPLICANT(S)						
							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1							51						
2							52						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	1					TOTAL IND.						
TOTAL DEP.	10	10	10	10	10	10	TOTAL DEP.	10	10	10	10	10	10
TOTAL CLAIMS	10	10	10	10	10	10	TOTAL CLAIMS	10	10	10	10	10	10

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